

CITY OF STOKE-ON-TRENT  
EDUCATION COMMITTEE



SCHOOL HEALTH SERVICE

**ANNUAL REPORT**  
OF THE  
SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1971

J. S. HAMILTON, M.B., CH.B., D.P.H., F.R.S.H.

MEDICAL OFFICER OF HEALTH  
PRINCIPAL SCHOOL MEDICAL OFFICER

H. G. FLEETWOOD, M.B., CH.B.

SENIOR SCHOOL MEDICAL OFFICER

H. DIBDEN, M.A., B.SC., F.R.S.A., BARRISTER AT LAW

CHIEF EDUCATION OFFICER



## CITY OF STOKE-ON-TRENT EDUCATION COMMITTEE

### *Members of the City Council*

- |   |                                      |
|---|--------------------------------------|
| †*Councillor Mrs. D. Robinson, C.B.E., J.P.—Chairman.     |                                      |
| *Councillor R. Southern—Vice-Chairman.                    |                                      |
| The Lord Mayor (Councillor F. A. Cholerton, J.P.)         |                                      |
| †*The Deputy Lord Mayor (Councillor Mrs. M. Bourne, J.P.) |                                      |
| *Alderman G.L. Barber, J.P., M.A.                         | *Councillor M. Boon                  |
| † Alderman H. Barks, O.B.E.                               | *Councillor B.W. Dale                |
| † Alderman A.V. Ellerton                                  | †*Councillor Mrs. V.E. Jackson       |
| Alderman W. Hancock, C.B.E.,                              | †*Councillor Mrs. M.L. Jerrett       |
| M.I.R.E., A.M.I.E.E., M.Inst.P.                           | *Councillor G.S. Jones               |
| *Alderman P.G. Hanwell                                    | †*Councillor H. Leese                |
| †*Alderman Mrs. B.M. Mansfield                            | *Councillor C.G. Manning             |
| Alderman H. Naylor  | *Councillor Miss J. Moston           |
| †*Alderman J. Pedley                                      | † Councillor L.R. Sillitoe, J.P.     |
| *Alderman A.M. Robinson                                   | † Councillor Mrs. M. Stringer, J.P.  |
| Alderman K.G. Wright                                      | Councillor Mrs. M. Tyler, B.E.M.     |
| *Councillor W. F. Austin                                  | Councillor J. Westwood               |
| Councillor A.L. Ballham, B.A.,                            | †*Councillor M.J. Williams           |
| M.Ed., D.E.Py., C.Ed.                                     | † Councillor J. Worthington, C.Eng., |
| †*Councillor Mrs. E. Beddow                               | F.I.M.E.                             |

### *Seven Co-opted Members*

- |                                  |                    |
|----------------------------------|--------------------|
| Prebendary A.G.F. Barker, M.A.   | †*Mr. C.W. Ball    |
| † The Rev. G. Barraclough, M.Th. | *Mr. C. Pollard    |
| The Very Rev. Canon J.J. Welch   | *Mr. E. Tams, J.P. |
| Professor S.J. Eggleston         |                    |

\*Members of the Medical and Welfare Sub-Committee

Chairman: Councillor Mrs. M. Bourne, J.P. (Deputy Lord Mayor)

Vice-Chairman: Councillor M. Boon

### †Governors of Special Schools

Chairman: Councillor Mrs. D. Robinson, C.B.E., J.P.

Vice-Chairman: Alderman J. Pedley

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Chief Education Officer: H. Dibden, M.A., B.Sc., F.R.S.A.,  
Barrister-at-Law

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## SCHOOL HEALTH SERVICE STAFF

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL  
MEDICAL OFFICER

J.S. Hamilton, M.B., Ch.B., D.P.H., F.R.S.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY  
PRINCIPAL SCHOOL MEDICAL OFFICER

W.B. Whisker, M.B., Ch.B., D.P.H.

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Senior School Medical Officer

H.G. Fleetwood, M.B., Ch.B.

### **School Medical Officers**

K.J. Roberts, M.A., M.R.C.S., L.R.C.P., D.Obs., R.C.O.G., Dip.Aud.  
B.M. Corrigan, L., L.M., R.C.P., R.C.S. (Ireland)  
K.T. Baker, M.B., Ch.B.  
M.E. Summerly, M.B., Ch.B., D.C.H. (App. Jan.)  
H. Dash, M.D. (Prague), M.R.C.S. (Part-time)  
A.I. Donnellan, M.B., Ch.B., B.A.O. (Belfast) (Part-time)  
I.J. Dennis, M.R.C.S., L.R.C.P., (London) (Part-time)  
F.J. Murray, L.R.C.P. & S., D.P.H. (Part-time)  
K.C. Pasi, M.B., B.S., D.P.H. (Part-time)  
M. Wenger, M.B., Ch.B., D.A. (Part-time)  
P.J. Corrigan, L.R.C.P. (I), L.R.C.S. (I), L.M. (Part-time)  
R.C. Gupta, M.B., B.S., D.C.H. (Part-time)  
L.C. Pandit, M.B., B.S., F.R.C.S. (Part-time)  
T. O'Connor, M.B., Ch.B., B.A.D., L.A.H. (Part-time) (App. Feb.)

### **Part-time Consultants**

W.M. Sampson, M.B., B.S.	.. .. .	Dental Anaesthetist
D. Hutchinson, M.B., Ch.B., D.P.M.	.. .. .	Psychiatrist
V.L. Gokhale, L.R.C.P., M.R.C.S., D.O., (R.C.P. & S.)		Ophthalmologist
H. Levison, B.D.S., F.D.S., D.Orth. R.C.S. (Eng.)	..	Orthodontist
J.H. Wright, M.B., Ch.B., F.F.A.R.C.S.	.. .. .	Dental Anaesthetist

### **Principal School Dental Officer**

G.T. Emery, B.D.S.

### **Area School Dental Officer**

W.E. Titley, B.D.S.

### **School Dental Officers**

G.G.S. Strathern, L.D.S.	P.L. Morphet, B.D.S. (Part-time)
H.L. Midwinter, L.D.S. (Part-time)	R. Warner, L.D.S.
H.E. Slaney, L.D.S. (Part-time)	G. Lawley, B.D.S. (Part-time)
P.M. Tindall, L.D.S. (Part-time)	C.M. Wood, B.D.S.
H. Riley, L.D.S.	P.M. Goodburne, B.D.S. (App. Feb.)
J.K. Williams, L.D.S. (Part-time)	A.G.D. Swift, B.D.S. (Part-time)
	(App. Nov.)

### **Educational Psychologists**

J. Young, M.A., Dip.Ed., M.Ed.  
M.A.Y. El Deiry, B.A., Ph.D.

### **Psychiatric Social Worker**

H. Stopford, M.A., A.A.P.S.W., Dip.Social Study (Part-time)

### **Social Workers**

D.W. Howells  
P.E. Unsworth (Part-time), A.I.M.S.W.  
M. Ring, B.A., A.I.M.S.W., (Res. April)  
J.L. Wood, Dip. Social Science, Cert. in Applied Social Studies (App. Feb)

### **Speech Therapists**

E.L. Dron, L.C.S.T. (Part-time)  
H.J. Sherratt, L.C.S.T. (Part-time)  
A.C. Thompson, L.C.S.T.  
S.J. Brindley, L.C.S.T. (Part-time)  
S.A. Forrester, L.C.S.T.  
C. Parker, L.C.S.T. (Part-time) (App. Sept.)

### **Physiotherapists**

M. Glynn, M.C.S.P.  
G.S. Glidden, M.C.S.P.  
F.M. Spurrier, M.C.S.P.  
W.D. Rees, M.C.S.P.  
B.J. Williams, M.C.S.P., O.N.C., (Part-time)  
R.E. Phillips, M.C.S.P.

### **Chiropodists**

C.G. Wood, M.Ch.S. (Part-time)  
J.D. Sumnall, M.Ch.S. (Part-time) (Resigned July)

### **Orthoptist**

B.S. Cohen (Part-time) (App. Feb.)

### **Superintendent School Health Visitor**

R.E. Mason, M.B.E., S.R.N., H.V.

### **School Health Visitors**

E.O. Williams, S.R.N., H.V.  
E. Faughnan, S.R.N., S.C.M., H.V.  
M.J. Birtles, S.R.N., S.C.M., H.V.  
J.V. Glass, S.R.N., S.C.M., H.V.  
D. Weightman, S.R.N., S.R.F.N., H.V.  
J. Woodward, S.R.N., S.C.M., H.V.  
D.M. Holmes, S.R.N., H.V.  
C.G. Walker, S.R.N., O.N.C., H.V.  
E.S. Fisher, S.R.N., H.V.  
M. Zienkowicz, S.R.N., S.C.M., H.V.  
M.M. Walker, S.R.N., H.V.

### **School Nurses**

V. Fairbanks, S.R.N., O.N.C.  
M.E. Rowley, S.R.N.  
M. Olsen, S.R.N.  
M.M. Cooper, S.R.N.  
J. Poole, S.R.N.  
E.E. Cooke, S.R.N., O.N.C.  
P.M. Bishop, S.R.N.  
M.R. Johnson, S.R.N.  
A.L. Deane, S.R.N.  
J. Snape, S.R.N.  
E.M.M. Oulsnam, S.R.N.

I.L. Hilton, S.R.N., S.C.M.  
M. Loftus, S.R.N., S.C.M. (H.V. Certificate October)  
D. Hodgkinson, S.R.N.  
M.S. Keefe, S.R.N., S.C.M. (Seconded to H.V. Course October)  
E.A. Evans, S.R.N.  
C.A. Bickerton, S.R.N.  
S.L. Crooks, N.N.E.B., S.R.N.  
D. Francis, S.R.N., S.C.M.  
E.J. Nutt, S.R.N.

#### Assistant Nurses

J.M. Burrow, S.E.N.	A.D.L. Price, S.E.N. (Res. Jan.)
O.M. MacLeod, S.E.N.	L.J. Kirkham, S.E.N. (App. Feb.)
G.S. Eglite, S.E.N.	

#### Dental Surgery Assistants

V. Heaton	E. Hind	R. Thompson (Part-time)
P.H. Curwen, R.D.S.A.	B. Sweetmore	E. Turner, R.D.S.A.
L. Cartlidge	J. Barnes	M.E. Evans (Part-time)
B. Prengel, R.D.S.A.	D.M. Evans, R.D.S.A.	S. Mellor (App. Jan.)
B. Morris, R.D.S.A.	L.H. Flint (App. Feb.)	

#### Organiser with Special Responsibility for Infants' and Nursery Schools

G. Stubbs

#### Organiser of Home Economics

M.F. Siebold, University of London Teachers Diploma in Domestic Subjects

#### School Meals Service

E.S. Langdon, D.M.A.	..	..	..	..	Manager
K.M. Wright, M.I.M.A.	..	..	..	..	Area Organiser
M. Shaw, M.I.M.A.	..	..	..	..	Area Organiser

#### Hanchurch Open Air School

P. Massey	..	..	..	..	..	Head Teacher
W.L. Pearson	..	..	..	..	..	Matron
A. Hibbert (App. Oct.)	..	..	..	..	..	Assistant Matron

#### Holyrood Convalescent Home

D.M. Lowry	..	..	..	..	..	Matron
P.E. Partridge	..	..	..	..	..	Matron's Assistant
J.M.D. Harris	..	..	..	..	..	Teacher

#### Horton Lodge School

R. Orme	..	..	..	..	..	Head Teacher
E. Godman, M.C.S.P., O.N.C.	..	..	..	..	..	Physiotherapist
E. Harvey	..	..	..	..	..	Nurse

### Pittsburgh House Boarding Home for Girls

M. Rees (Res. Jan.)	..	..	..	..	Matron
M. McNeill (App. June)	..	..	..	..	Matron
J.E. Hibbs (App. March)	..	..	..	..	Senior Housemother
L.M. Latham (App. April)	..	..	..	..	Junior Housemother

### Cicely Haughton Boarding School for Boys

A.H. Wolverson	..	..	..	..	Head Teacher
O.V. Harris-Hughes	..	..	..	..	Matron/Housekeeper

### Aynsley School

H. Cooke	..	..	..	..	..	Head Teacher
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### Abbey Hill School

W.H.G. Lovatt	..	..	..	..	..	Head Teacher
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### Clerical Staff

F.E. Birtwistle, M.R.I.P.H.H.	..	..	..	..	Chief Clerk
M.J. Pearson	..	..	..	..	Senior Clerk
M.T. Heaton	..	..	..	..	Clerk
S. Gilligan	..	..	..	..	Clerk
E.V. Boulton	..	..	..	..	Clerk
F.R. Allman	..	..	..	..	Clerk
V. Shirley	..	..	..	..	Clerk
M. Lambert	..	..	..	..	Clerk
M. Cooper	..	..	..	..	Clerk
J. Greasley	..	..	..	..	Clerk
K. Rhodes (Res. Jan.)	..	..	..	..	Clerk
M. Walley	..	..	..	..	Clerk
E. Harding	..	..	..	..	Clerk
J. Walker	..	..	..	..	Clerk
J. Inskip	..	..	..	..	Clerk
M. Dudson	..	..	..	..	Clerk
J. Read	..	..	..	..	Clerk
P.E. Hammond	..	..	..	..	Clerk
N. Colclough	..	..	..	..	Clerk
S. Gardiner (App. April)	..	..	..	..	Clerk
G.M. Painter (App. Oct.)	..	..	..	..	Clerk



**CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS  
DURING THE YEARS 1967 TO 1971**

Year		1967		1968		1969		1970		1971	
Number examined	..	17,135		17,142		17,342		15,723		18,308	
Classification		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
ENTRANTS GROUP		% 99.25	% 0.75	% 99.50	% 0.50	% 99.88	% 0.12	% 99.89	% 0.11	% 99.88	% 0.12
SECOND AGE GROUP		99.50	0.50	99.48	0.52	99.87	0.13	99.78	0.22	99.89	0.11
THIRD AGE GROUP		99.50	0.50	99.56	0.44	99.83	0.17	99.94	0.06	99.85	0.15
OTHER INSPECTIONS (NURSERIES)		99.90	0.10	99.90	0.10	99.96	0.04	100.00	—	99.91	0.09



## **To the Chairman and Members of the Education Committee.**

We have the honour to present for your consideration the Annual Report of the School Health Service for the year 1971.

The routine work of the Service has continued throughout the year and the statutory requirements have been fulfilled. The general physical condition of children examined at medical inspection has remained at a high standard and there has been no significant change in the number or variety of defects encountered.

The staffing shortages alluded to in previous reports have persisted largely unchanged and there is still no sign of any improvement. It has been particularly difficult to recruit full-time medical officers and, at the present time, more than 75% of the establishment consists of part-time doctors. This is a far from satisfactory state of affairs and it means that much of the continuity, so desirable in work of this nature, is missing and, with the current uncertainty regarding the fate of the School Health Service, it is unlikely that the situation will get any better in the immediate future.

Speech therapy, in which the staff position a short time ago was better than for many years past, has recently deteriorated again as a result of resignations and it has been necessary to curtail the service to some extent, in order to make the best use of the remaining forces.

The work of the child guidance and school psychological services has continued to expand and the demand is now far greater than can be met by the existing staff. The provision of additional psychiatric help is a matter beyond the control of the Local Authority but proposals to increase the establishment of educational psychologists are currently under consideration and it is hoped that these, if approved, will lead to some easing of the present very difficult situation.

The year has seen several changes likely to have far reaching consequences for the work of the School Health Service, of which perhaps the two most important are the transfer of responsibility for the education of severely sub-normal pupils from the Health Department to the Local Education Authority, and the setting up of the new Social Services Department in the City. The former change, which many authorities considered long overdue, means that the full resources of the Education Department are now available to all children whatever their degree of scholastic ability, and seems a much more consistent administrative arrangement. It obviates the necessity of making a distinction in respect of less able pupils and, with the abolition of Section 57 procedure, will spare the parents of mentally handicapped children the additional distress of having their child formally excluded from the education system.

The establishment of the Social Services Department has led to a shift of emphasis in the responsibility of social workers employed in the School Health Service, and the full implications of the change are not yet apparent. It is inevitable that a re-organisation of such magnitude will have considerable repercussions on those aspects of the Service concerned with the general welfare of handicapped pupils and their families, with child guidance and with work in connection with cases appearing before the juvenile courts.





The discontinuation of the supply of free milk to pupils between the ages of seven and eleven years during the latter part of the year, has added a new dimension to the medical examination of children in this age group. Since September, all such pupils inspected at school or in the clinics have been assessed from this point of view and certificates for the supply of free milk issued in appropriate cases. With the very high standard of physical health among school children in the City, it is not surprising that the number of pupils falling into this category has been relatively small so far, and up to the end of the year only 65 certificates had been issued. Re-assessment of all children in the age group will continue, so that it is unlikely that any child whose condition has been adversely affected by the withdrawal of free milk will remain undetected for long. As an additional safeguard, head teachers have been asked to refer any children about whom they are concerned to the medical staff for examination.

The Special Unit for autistic children at Abbey Hill School was opened early in the year and, at the present time, there are fifteen pupils in attendance of whom twelve are from Stoke-on-Trent and the remainder from other authorities. The Unit has been of great value in making provision for a small number of severely handicapped children for whom special educational facilities had not previously been available in the area.

Work on the new special school for educationally sub-normal pupils at Packmoor began during the year and is now well under way. When completed it will constitute a very welcome addition to the Authority's provision in this field and will do something to cut down the waiting lists at the two existing schools, as well as permitting a more even distribution of places throughout the City. The new school will include a reception unit for pupils of infant age, where the shortage of places is acute, and consideration is currently being given to ways of extending provision for this age group elsewhere in the City.

We wish to acknowledge the support and consideration of the Chairman and members of the Education Committee, and to thank the Chief Education Officer and his staff for their help and encouragement throughout the year. We desire to express the thanks of all members of the School Health Service to the teaching profession for their ever-ready help and co-operation.

J.S. HAMILTON, Principal School Medical Officer.

H.G. FLEETWOOD, Senior School Medical Officer.

*(Photograph on facing page)*

AUTISTIC UNIT — ABBEY HILL SCHOOL

## ROUTINE MEDICAL INSPECTION

Routine medical inspection has been carried out throughout the year and the statutory requirements have been fulfilled. The number of children in the respective age groups presented for medical inspection in the maintained primary and secondary schools during the year was 18,308. Detailed figures are shown at the end of this report.

## NUTRITION

The school medical officers' assessment of the physical condition of the pupils seen at routine medical inspection during the year continues to compare very favourably with figures obtained in previous years.

## TREATMENT OF DEFECTS AT THE SCHOOL CLINICS AND ELSEWHERE

### MINOR AILMENTS AND DISEASES OF THE SKIN

At the school clinics 3,380 minor ailments were treated, compared with 3,562 in 1970.

The following is a summary of the skin conditions treated at the school clinics throughout the year:

Ringworm, head	..	..	..	—
Ringworm, body	..	..	..	21
Impetigo, body	..	..	..	232
Scabies	..	..	..	182
Other diseases	..	..	..	1,108
Total	..			1,543

### VISUAL DEFECTS AND EXTERNAL EYE DISEASES

Dr. V.L. Gokhale has carried out refraction work at the clinics, and has reported as follows:—

“2,160 children were dealt with at the Ophthalmic Clinic sessions this year. The number of external eye diseases treated at Minor Ailments Clinics was 461.

Refractions were carried out throughout the year and attendances during school holidays continue to be encouraging. Orthoptic clinics in Hanley and Longton are run in conjunction with refraction sessions and cases of squint are treated within weeks of being seen after routine inspections. The majority of parents have found the service useful and cases are referred to hospital for surgery with all the ground work done.

I would like to thank the school medical officers and nurses for screening the children, starting at nursery level and following them right through till the time they are ready to leave school. The school nurses have done excellent work in following up the defaulters and the parents of these children will no doubt appreciate their efforts.

I would like to thank the secretarial staff for their willing help and co-operation.

V. L. GOKHALE.”

## ORTHOPTIC CARE

The Orthopists reports:—

“After a short break of continuity I took over orthoptic care in February, 1971. The service had only recently been re-introduced after a lapse of many years and there were some initial teething troubles accompanied by poor attendance of patients. However, parents are now becoming more aware of the importance of regular attendance and, together with publicity and thorough screening in schools and nurseries, younger patients are now attending—a fact that cannot be over emphasised in relation to success of treatment, and subsequently less children needing surgical attention.

I wish to thank the school clinic secretarial, nursing and medical staff, and particularly Dr. V.L. Gokhale, for their help and co-operation in the smooth running of the orthoptic sessions.

B. S. COHEN.”

## EAR, NOSE AND THROAT DEFECTS

A total of 1,202 cases were under treatment or observation at the clinics. Of this total 336 were nose and throat cases and 866 were ear defects.

Those requiring further examination and treatment were referred to the North Staffordshire Hospital Centre, and 362 children had operative treatment for enlarged tonsils and adenoids arranged in this way.

## AUDIOLOGY

Dr. Roberts, who is responsible for the Audiological Service in the City, reports as follows:—

“Due to illness I was absent from the clinic over the period 25th May to 25th October and, though some children were seen by Mr. Carter and by Miss Kennerley during this time, the numbers attending the diagnostic clinic during the year show an inevitable decline.

It may be of interest briefly to review the scope of the work now undertaken and/or supervised by the Audiology Clinic.

### **Screening tests of hearing for pre-school children**

This work is carried out by the Health Visitors of the Public Health Department (Maternal and Child Health) under the direct control of Dr. Essex-Lopresti.

The necessary initial training is undertaken here and visits are occasionally made to supervise the work at the Maternal and Child Health clinics, both in Stoke-on-Trent and in the Newcastle area.

### **Screening tests of hearing for school children.**

Suitable training in sweep frequency testing is given to the nurses of the School Health Service who check upon the hearing of new entrants to school and make periodic tests at intervals throughout their school career.

Children thought to have a hearing impairment are referred for diagnosis and treatment and the source of such referrals is given below.



## Diagnosis and Assessment

Considerable advances in diagnostic procedures have been made since this clinic was begun in 1960. Continued effort is required to keep abreast of the latest techniques and continuing expenditure necessary to provide the electronic equipment required.

It is the primary purpose of this clinic to diagnose the degree, type and cause of deafness and to make appropriate arrangements for treatment of the various conditions found. In cases of conductive deafness it is usually necessary to consult an Otologist, and highly gratifying to report that co-operation and liaison with the Hospital Consultants could not be better. A majority of the children are seen by Mr. Bernard Carter, the Consultant Otologist, who visits the clinic for this purpose. Cases are seen with a minimum of delay, parents are not kept waiting, full discussion is possible and the arrangement has proved to be a most satisfactory one.

In cases of sensori-neural loss, the deafness cannot be cured and other means of help must be employed.

In such cases it is usually necessary to make a broader assessment of the child, taking into account his home background, personality, abilities and attainments. Accoustic and other conditions at school must also be assessed. It is most convenient to have the facilities of the Child Guidance Clinic within the same building, where problems can be discussed. Liaison with the school and general management of the case is undertaken by one of two peripatetic teachers based on the clinic.

Responsibility is also undertaken for the appropriate school placement of the child and for the provision of suitable hearing aid equipment, where needed.

In this connection it may be mentioned that there has always been a small number of cases posing a problem in placement because of the magnitude and nature of their hearing loss. Deafness insufficient to require placement in a school or unit for the partially hearing may yet be sufficient to cause significant handicap under ordinary school conditions. In these cases the deafness is such that a hearing aid worn in good conditions may be a satisfactory compensation, but in bad conditions is not. Accoustic conditions in the average classroom are very poor indeed for the hearing aid user and in the average infant classroom—due to reverberation and the noise generated by a number of infants—often justify the term appalling.

The main cause of the difficulty lies in the highly unfavourable signal to noise ratio and a valuable contribution towards a solution to this problem is now available in the form of the radio microphone in conjunction with a loop system. Following a most successful trial in one school over a period of one year, it is our hope to build up a small 'pool' of similar equipment for loan to those schools having a pupil or pupils with a handicap of this nature. A second instrument has just been purchased and others will be acquired as finances permit.

The guidance of parents who have a deaf child of pre-school age is undertaken by Miss Kennerley, who visits the parents and the child in their own home and gives intensive instruction to the parents, in addition to individual work with the child. Under her care the quality of this work has improved enormously and the results are reflected in the tremendous progress made by these children. Indeed a number of children become so accomplished that they are properly placed in the Partially Hearing Unit when they would otherwise have required placement in the School for the Deaf.

The two temporary Partially Hearing Units at Hill Top, (one opened in March 1969 and the other in September 1971) have proved highly successful in consequence of the enthusiasm and the quality of the work done by Mr. Scholes and his teaching staff and, not least, to the expert knowledge of Miss Kennerley, who has acted in an advisory capacity throughout.

Academic progress has been satisfactory but, in my opinion far more important, has been the continuing development of language and linguistic skills to a very high level. These children are an integral part of the normal school, participating in full in all of its activities. The Head Teacher has agreed that any member of the Committee or its Officers, who may have a special interest in these handicapped children, are most welcome to visit the school by arrangement, to see their work, to meet the children and to talk to them. They are by far the most persuasive arguments in favour of the extension and further development of this system of education for a selected group.

We still have a long way to go before we can boast of our unit provision in terms of accommodation, sound treatment and equipment, while we urgently need nursery provision and shall soon need provision at secondary school level. Of the quality of the work proceeding in our existing temporary units, however, we have every cause for satisfaction.

Statistics:

In all 554 children have been seen, of whom 245 were new cases and the remaining 309 'follow-up' of cases seen before. 3 of the above were adults.

Source of New Cases:

Number of cases referred by:					1968	1969	1970	1971
Consultant Otologists	..	..			50	43	68	28
Consultant Paediatricians	..	..			35	24	29	43
School Medical Officers	..	..			74	116	112	89
General Practitioners	..	..	..		10	14	13	11
Child Guidance Clinic	..	..			2	3	2	3
Speech Therapists	..	..	..		5	15	6	1
Head Teachers	..	..	..		8	10	2	—
Parents	..	..	..	..	8	10	3	—

Screening:

Pre-school children	..	..	..		16	29	17	15
School children'	..	..	..	..	23	52	59	33

Other sources:

Health Visitors	..	..	..		—	3	1	2
M.O.H. Staffordshire	..	..			1	6	10	11
M.O.H. Newcastle	..	..	..		—	5	30	6
Peripatetic Teachers of the Deaf	..				—	7	4	3
Welfare Officers	..	..	..		—	1	—	3

Perceptive Deafness

SCHOOL CHILDREN:

Number of new cases	..	..	16
Number of hearing aids issued	..	3	



Probable Causes:

Pre-Natal	Peri-natal & Neo-natal	Post Natal
	Prematurity 2	Mumps 1
	Cerebral injury	Measles 6
	at birth 2	Not known 5

Three-frequency average loss:

	No significant handicap	15-30 d.b.	30-60 d.b.	60 d.b.+
Better Ear	10	5	—	1
Worse Ear	1	5	2	8

PRE-SCHOOL CHILDREN:

Number of new cases	..	..	..	5
Hearing aids issued	..	..	..	3

Probable Causes:

Hyperemesis gravidarum	..	..	1
Meatal Atresia	..	..	1
Measles	..	..	1
Not known	..	..	2

Three-frequency average loss:

	No significant Handicap	15-30 d.b.	30-60 d.b.	60 d.b.+
Better Ear	—	1	—	4
Worse Ear	—	—	—	5

## Conductive Deafness

### SCHOOL CHILDREN:

Number of new cases .. .. . 75

#### Causes:

##### OTITIS MEDIA:

Acute .. .. . 1

Chronic suppurative .. .. . 2

Secretory .. .. . 28

FIBROSIS, scarring and past damage  
from Otitis Media no longer active .. 9

MIXED (e.g. Secretory otitis media  
and fibrosis and scarring from past  
attacks of acute otitis media) .. 14

EUSTACHIAN DYSFUNCTION:  
(unaccompanied by fluid) .. .. 19

##### OBSTRUCTION OF EXTERNAL AUDITORY MEATUS:

Wax .. .. . 2

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75

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Number of cases referred to Otologists for treatment .. 51

### PRE-SCHOOL CHILDREN:

Number of new cases .. .. . 8

#### Causes:

Secretory otitis media .. .. . 4

Acute otitis media .. .. . 4

Number of cases referred to Otologists for treatment .. 6

## MIXED DEAFNESS

#### School Children:

Number of children seen in whom deafness was partly  
conductive and partly perceptive .. .. . 1

Pre-School children: .. .. . NIL  
NO SIGNIFICANT HANDICAP

#### School Children:

Number of cases seen .. .. . 60

#### Pre-school children:

Number of cases seen .. .. . 61

## SCREENING PROGRAMME

#### School children:

Total number of children screened .. .. . 2,415

Referred to Audiology Clinic .. .. . 33

## Pre-school children:

The Maternal and Child Health Service has continued with the testing of these children.

Number of children screened during the Calendar year 1971:

Premature Infants	..	..	..	..	..	..	125
0-1 years of age	..	..	..	..	..	..	2,038
1-2 years of age	..	..	..	..	..	..	121
2-5 years of age	..	..	..	..	..	..	16
							<hr/> 2,300 <hr/>
Number of repeat tests by Health Visitors	..	..	..	..	..	..	40
Number referred to Audiology Clinic	..	..	..	..	..	..	15

K. J. ROBERTS."

## ORTHOPAEDIC DEFECTS

38 children requiring inpatient treatment have been treated at the Biddulph Grange Orthopaedic Hospital. 1,463 children received attention at the school orthopaedic clinics during the year. Attendances for treatment numbered 17,322.

Clinic sessions for remedial exercises are conducted each week by the six physiotherapists, on premises throughout the City. The children are referred for treatment from a variety of sources, but the majority tend to come from hospital consultants or from the school medical officers themselves. Their progress is assessed at regular intervals.

Mrs. Glynn has submitted the following report:—

"As usual, the year opened with a drop in the number of children attending for treatment. Children returning to school were settling down and infectious diseases were prevalent, particularly mumps, chicken pox and measles. Also, because of the postal strike, appointment cards were not received, or received too late for the appointments to be kept.

Although the winter was not severe, it was long drawn out and damp, so there was a marked increase in the number of cases of bronchitis, nasal catarrh and other upper respiratory infections. All those referred for treatment were helped considerably by breathing exercises and also by "Handkerchief Drill", which is most important. Ultra Violet Ray treatment was given in some cases.

Short Wave treatment at Burslem Clinic had to be discontinued for a month in October owing to work on the central heating system. This treatment is given in cases of asthma and bronchitis, sinusitis, chronic nasal catarrh and rhinitis, with very good results. During this period the children from Burslem attended Smallthorne Clinic for Ultra Violet Ray treatment and for breathing and foot exercises. The small children accompanied by their mothers attended regularly, but the older children did not attend as well as had been hoped.

A large percentage of the children referred for foot exercises have long narrow feet—the type of foot, in fact, for which it is difficult to find suitably fitting shoes. The modern trend is for girls to wear boys' shoes. These are often too wide for girls' feet and so cause friction on heels and toes. If the shoe is too

wide, it is found, in most cases, to be too short for the foot it is supposed to fit. Many children are still suffering from pain in the metatarsal region owing to the higher heels worn today.

More pre-school children are being referred for treatment and here advice on correct fitting footwear can do a great deal to prevent later deformities.

We were sorry to say goodbye to Mrs. Spurrier, who left us in December, but we look forward to welcoming Mrs. Cushing back to the Service in the new year.

Once again we wish to thank all who have co-operated with us in our work throughout the year.

M. GLYNN."

## CHIROPODY

Mr. Wood reports as follows:—

"It has always been acknowledged that the ideal type of footwear was a well fitted leather shoe. Good leather 'breathes' so we are told, and moulds to the foot, providing a comfortable protection besides being smart and attractive. Supply and demand, however, have made leather very expensive so that other man-made materials have had to be found. This has to be accepted, but a well fitted shoe, leather or otherwise still holds good.

I have no quarrel with the types of shoes worn by children; in the main they provide a good rounded toe, stable heel, and firm mid tarsal support. Having, however, had an increased number of children complaining of sore heels and painful forefeet, I was led to examine their footwear in more detail. Some 237 were examined between the ages of 10–16. With the exception of 3, all were found to be wearing shoes too short, from a  $\frac{1}{4}$ " to as much as  $\frac{3}{4}$ ". Further questioning elicited some interesting facts. None had been measured, and 38% had been ordered through Mail Order Catalogues. Of the rest, 63% had actually chosen and bought the shoes by themselves. 216 children had decided what they wanted and must have!

All were advised and, where possible, parents were shown how to ensure a reasonably well fitting shoe.

Verruca is still the commonest condition treated, but few cases presented any great difficulty and all were cleared. Hanchurch was visited when requested, and cases from Cicely Haughton and Horton Lodge were treated at Abbey Hulton or Meir Clinics.

I wish to thank the heads of schools and the staff of each clinic for their co-operation and help throughout the year.

C. G. WOOD."

# CHIROPODY SUMMARY - 1971

Condition	Number of Cases							Number of Treatments						
	Tunstall	Burslem	Abbey Hulton	Shelton	Longton	Meir	TOTAL	Tunstall	Burslem	Abbey Hulton	Shelton	Longton	Meir	TOTAL
Verruca .. ..	132	215	207	348	514	404	1,820	399	667	706	1,186	166,7	1,194	5,819
Inflammatory Conditions ..	6	1	—	—	12	—	19	15	2	—	—	100	—	—
Toe Deformities .. ..	—	1	5	8	3	—	17	—	3	15	39	10	—	67
Nail Diseases .. ..	13	17	5	—	26	35	96	33	74	46	—	68	93	—
Skin Diseases .. ..	4	3	—	—	1	1	9	6	12	—	—	7	1	26
Corns .. ..	12	17	28	11	69	51	188	22	38	90	31	159	118	458
Deformities of Feet ..	—	2	2	—	—	—	4	—	3	14	—	—	—	17
Others .. ..	5	2	—	8	7	27	49	6	7	—	14	9	50	86
							2,102							6,473

## ARTIFICIAL SUNLIGHT

Ultra Violet Ray therapy is currently undertaken by the physiotherapists at eleven of the school clinics. Cases are recommended by the school medical officers, and the children attended twice weekly for treatment.

The number of children treated during the year was as follows:—

Burslem Clinic .. .. .	27
Longton Clinic .. .. .	70
Meir Clinic .. .. .	22
Stoke Clinic .. .. .	48
Shelton Clinic .. .. .	15
Fegg Hayes Clinic .. .. .	9
Abbey Hulton Clinic .. .. .	14
Blurton Clinic .. .. .	5
Bentilee Clinic .. .. .	24
Hanley Clinic .. .. .	41
Smallthorne Clinic .. .. .	7
<hr/>	
Total .. .. .	282
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Attendances totalled 6,051 throughout the year.

## SHORT WAVE THERAPY

Dr. Donnellan, School Medical Officer at Burslem Clinic, who is in charge of short-wave therapy, reports as follows:—

“Short-wave clinics were continued throughout 1971; attendance was reasonably good, and results were satisfactory.

In asthma cases, where treatment was combined with exercises, great improvement was achieved, and several cases were discharged. Bronchitis was also treated, and where there was parental co-operation and exercises were continued at home, improvement was gratifying.

Traumatic lesions gave dramatic results—pain being relieved almost immediately. Sinusitis and nasal catarrh also responded well and the treatment gave much comfort.

Details of the cases dealt with are given below:—

	<i>Number of cases</i>	<i>Number of treatments</i>
Asthma .. .. .	3	34
Bronchitis .. .. .	2	24
Nasal catarrh and Rhinitis ..	9	81
Rheumatic and Traumatic lesions	6	33
<hr/>		<hr/>
	20	
<hr/>		<hr/>

A. I. DONNELLAN.”



## SPEECH THERAPY

The Speech Therapists report as follows:—

“This coming year we look forward especially to working in our new rooms at the Child Guidance Clinic. We feel that the benefits of increased space and facilities will be shown in all aspects of our work.

We are very pleased to welcome Mrs. Parker back with us. Mrs. Parker has been working part-time since September.

We sincerely regret any limitations in our service due to our continued staffing shortage.

As always we thank all our colleagues for their help, and especially thank the clerical staff of the Child Guidance Clinic for their support.

This year we have classified our numbers from a diagnostic standpoint except for some special cases e.g. those children seen in the Autistic Unit.

During 1971 the number of children treated was 605. These were:—

Dyslalia	..	..	..	..	..	..	..	400
Stammer	..	..	..	..	..	..	..	33
Dysarthria	..	..	..	..	..	..	..	9
Dysphonia	..	..	..	..	..	..	..	1
Delayed speech and language development	..	..	..	..	..	..	..	85
Acquired Aphasia	..	..	..	..	..	..	..	1
Dyslalia due to short velum	..	..	..	..	..	..	..	1
Dyslalia—post T & A palate operation	..	..	..	..	..	..	..	1
Delayed language and speech development due to severe mental handicap	..	..	..	..	..	..	..	25
Seen in Autistic Unit	..	..	..	..	..	..	..	9
Under observation	..	..	..	..	..	..	..	74

176 children were discharged during the year. 25 school visits and 9 home visits were made during the same period.

A. C. THOMPSON  
H. J. SHERRATT  
E. L. DRON  
S. BRINDLEY  
S. FORRESTER  
C. PARKER.”

## DENTAL DEFECTS

The Principal School Dental Officer has submitted the following report:—

### “Staff:

The staffing situation in 1971 was the best ever. In December the Authority had a whole time equivalent of eleven dental officers and this gave a ratio of one dentist to 4,145 children. This ratio, although not ideal, is a vast improvement on previous years.

### Inspections:

The total number of children inspected for the first time was 18,060, which is 39% of the school roll. 14,323 (79%) were found to require treatment and 10,009 (70%) chose to have their treatment done by the school dentist, and



commenced a course of treatment. This latter figure is the only disappointment in an otherwise first class year. The improvement in the staffing situation allowed dental officers to see more children who were not in pain at the time of examination, and it is obvious that many parents did not take advantage of the offer of treatment. The dental officers considered that only 184 of the 14,323 found to require treatment were having regular attention elsewhere.

**Treatment:**

10,009 children commenced courses of treatment and 9,232 (92 %) of these completed their treatment. Conservation once again showed a most encouraging improvement. Five permanent teeth were filled to each one extracted. This ratio has steadily improved over the last few years and helped to stop the escalation of extractions, for the more time one spends extracting teeth the less conservation is done, and this, in turn, means more extractions have to be done. Emergency extractions is the most inefficient way of using surgery time, and one of the most encouraging features of this year's work is the number of children receiving complete treatments which will benefit them for some years. This year all the general anaesthetics were given by our medically qualified anaesthetists, freeing the dentists to do dentistry. Children made a total of 28,305 visits for treatment, recieved 25,141 fillings and 11,568 extractions.

**Orthodontics:**

The success of this aspect of our work reported previously has continued. The presence of a consultant in easily accessible health centres must contribute to the high degree of success and low discontinued rate of this branch of the Service.

**Maternal and Child Health:**

There was an improvement in the amount of work done for under fives, particularly in the field of conservation. Stoke-on-Trent is unusual in having so many nursery classes attached to schools, which makes a large section of the normally pre-school population easily accessible to the dental officer.

**Preventive Dentistry and Dental Health Education:**

'Painting' teeth with various fluoride solutions continued and this was most successful in reducing decay and an easy introduction to dentistry for very young children, but the best way to reduce decay would be to fluoridate the water supply. Fluoridation is the most studied public health measure, the effectiveness and safety of which has been proven. Talks on dental health and the showing of films on the subject continued.

**Accommodation:**

Longton and Abbey Hulton clinics were converted to take low seated equipment. This method of dentistry is not only more efficient and less fatiguing for the dentist, but also very easily accepted by children. The fainting of nervous children, so common in the traditional chair, is almost unknown in the modern low seated surgery.

G. T. EMERY."

**Table A—Primary and Secondary Schools:**

Children examined in school	..	..	..	..	..	9,227
Children examined at clinics	..	..	..	..	..	8,833
						<hr/>
Total	..	..	..	..	..	18,060
						<hr/>

Children found to require treatment	..	..	..	..	14,323
Attendances made by pupils for treatment	..	..	..	..	28,305
Number of fillings: Permanent teeth	..	..	..	..	21,196
Temporary teeth	..	..	..	..	3,945
Teeth extracted: Permanent teeth	..	..	..	..	3,667
Temporary teeth	..	..	..	..	7,901
Scalings, crowns, inlays, etc.	..	..	..	..	2,655
General anaesthetics (N <sub>2</sub> O and O <sub>2</sub> ) administered	..	..	..	..	2,334
Dentures fitted	..	..	..	..	84
Orthodontic appliances fitted	..	..	..	..	180
Radiographs taken	..	..	..	..	950

**Table B—Patients referred from Public Health Department:**

1. Children under school age:

Number of children examined	..	..	..	..	380
Number of children needing treatment	..	..	..	..	267
Number of children treated	..	..	..	..	267
Number of temporary teeth extracted	..	..	..	..	219
Number of temporary teeth filled	..	..	..	..	270
Number of temporary teeth treated with AgNO <sub>2</sub>	..	..	..	..	50
Number of scalings and cleanings	..	..	..	..	20
Number of local anaesthetics	..	..	..	..	20
Number of general anaesthetics (N <sub>2</sub> O and O <sub>2</sub> )	..	..	..	..	77

2. Nursing and expectant mothers:

Number of patients examined	..	..	..	..	46
Number of patients needing treatment	..	..	..	..	46
Number of patients treated	..	..	..	..	46
Number of permanent teeth extracted	..	..	..	..	148
Number of permanent teeth filled	..	..	..	..	47
Number of scalings	..	..	..	..	22
Number of local anaesthetics	..	..	..	..	40
Number of general anaesthetics (N <sub>2</sub> O and O <sub>2</sub> )	..	..	..	..	20
Number of full upper or lower dentures	..	..	..	..	8
Number of partial upper or lower dentures	..	..	..	..	14

## IMMUNISATION

(a) **Diphtheria, Tetanus and Whooping Cough:**

4,521 children were immunised at the school clinics during the year. This includes 31 children under school age and 4,086 "booster" doses for children who had been immunised previously.

Immunisation:

Diphtheria only	..	..	..	..	18
Diphtheria and Tetanus	..	..	..	..	339
Diphtheria, Tetanus and Whooping Cough	..	..	..	..	78

Total	..	..	..	..	435
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Re-immunisation:

Diphtheria only .. .. .	121
Diphtheria and Tetanus .. .. .	3,965
Diphtheria, Tetanus and Whooping Cough ..	—
Total .. .. .	4,086

(b) **Poliomyelitis:**

5,937 children have received protection against poliomyelitis during the year, and particulars of this treatment are shown below. The figures given are those for City children from six months old to 15 years, treated at all centres, including private practitioners' surgeries. Of this number 4,464 children received treatment at the school clinics.

Children who received Quadruple DTPP injections (Diphtheria, Whooping Cough, Tetanus and Polio) ..	21
Children who received Salk injections .. .. .	20
Children who received 3 doses of Oral Vaccine ..	1,951
Children who received reinforcing doses of Oral Vaccine .. .. .	3,945

(c) **B.C.G. Vaccination:**

Dr. Corrigan has submitted the following report:—

“The B.C.G. vaccination programme was continued among pupils in the secondary schools, and the result of the 1971/72 session are given below:—

Number of schools	..	..	..	..	34	
Number of children in age group	..	..	..	..	3,865	
Number whose parents consented to treatment	..	..	..	..	2,963	
Acceptance rate	..	..	..	..	76.7%	
				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of children given skin tests				1,429	1,497	2,926
Number of children positive to Tuberculin test	..	..	..	61	87	148
Number of children given B.C.G. vaccination	..	..	..	1,252	1,323	2,575
Percentage of positive reactors	..	..	..	..	..	5.1%
Percentage given B.C.G. vaccination	..	..	..	..	..	88.0%

In view of the consistently high conversion rate obtained in previous years, the follow up Mantoux test was discontinued and this eased the programme considerably.

Once again I would like to thank the Header Teachers of the schools visited for their willing co-operation.

B. M. CORRIGAN.”

**MASS RADIOGRAPHY OF SCHOOL CHILDREN.**

The Medical Director reports as follows:—

“In 1971, 201 school children with a positive tuberculin test were referred for routine chest X-rays, which is approximately the same number as in the previous year (196). In addition, 245 family contacts of these children were

X-rayed. Amongst the tuberculin positive children, 2 children were found to have pulmonary tuberculosis which needed further supervision at a Chest Clinic and/or treatment; 2 children are still being investigated at the Clinic. In addition 10 children were found to have healed primary complexes.

In addition, as in previous years, a large number of children were sent by general practitioners to the special session for children on Tuesday afternoons. Amongst these children, the following abnormalities were found:

Active Tuberculosis .. .. .	3
Inactive Tuberculosis .. .. .	12
Atrial Septal Defect .. .. .	2
Pulmonary Stenosis .. .. .	2
Non-Tuberculous Hilar Adenitis .. .. .	4
Post-Traumatic Cardiac Disease .. .. .	3
Bronchiectasis .. .. .	11
Pneumonia and Pleurisy .. .. .	53
Bronchial Asthma .. .. .	18

Many of the children with pneumonia and pleurisy were found during the first trimester of the year.

Although the Mass Radiography Service has been in some places curtailed, particularly with regard to surveys by the mobile unit, the service for tuberculin positive school children and their contacts, and for children for whom a chest X-ray is requested by general practitioners, will be continued as before.

E. POSNER."

## NURSING

The Superintendent School Health Visitor has submitted the following report:—

"Due to the unprecedented amount of long term illness among the nursing staff the number of children inspected in school for cleanliness has been considerably reduced; the percentage of children found unclean has also been reduced. This has, I feel, been the outcome of longer supervisory visits to parents, as opposed to advisory visits. Following last year's increase in the percentage of unclean children, the nursing staff naturally welcome the downward trend and, while recognising the existence of persistent offenders, hope this situation will be maintained if not actually decreased further in future.

Routine visits for vision and hearing tests have continued in all schools during term time and in the clinics, by appointment, during school holidays. Nurses have again attended sports events arranged within the City Schools Sports programme, and also events arranged by the schools on behalf of charities, in and out of school activities.

Once again students from a wide field have been made welcome and spent time with the staff during their normal duties.

The scope of lectures continues to widen. Many meetings have taken place during the year to discuss the method and presentation of current lectures, and to revise and broaden the content of lectures for the future.



Nurse Johnson, from Abbey Hulton Clinic, initiated a Spring Fayre in order to purchase a mini-bus for Abbey Hill School. With the assistance of an enthusiastic band of helpers and a sponsored swim arranged by Mr. Taylor of Milton C. Middle School, the object was achieved and congratulations are due to all concerned.

The nursing staff attached to Kemball and Heathfield Schools have enjoyed good relations with the school staff, pupils and parents, and have participated in school events.

Miss Loftus returned to duty in October, 1971, after successfully completing the Health Visitors course at Keele University. Mrs. Keefe commenced the Health Visitors course on October, 1971.

R. E. MASON.”

MENTAL HEALTH

The part-time Consultant Psychiatrist reports as follows:—

“From February until April we were lucky to have two full-time and two part-time social workers, and the work moved smoothly. In April Mrs. Ring left to move to Birmingham; we enjoyed her period with us, and wish her well.

The number of children under treatment, and the number of treatments, has fallen in 1970 and 1971, due to personal illness. They are still far too high for one therapist. The visible waiting list does not look unduly alarming but as many people are aware of the problem and are not referring cases which would be better for treatment, but *can* manage without, this is not an accurate reflection of the need.

1971 was a momentous year, seeing changes in the handling of ‘young offenders’, the incorporation of the junior training centres into the education service, and the amalgamation of the existing social services into the one large Social Services Department; each one of these has repercussions on the Child Guidance Clinic.

The new extensions to the Clinic took shape during 1971. A great deal of inconvenience due to noise, dirt, cold etc., was endured with amazing and heartwarming nonchalance and good humour by clients and staff alike. In particular, the playroom has been in a state of chaos through most of the year, and play sessions have necessarily been at a much more superficial level than is usual.

This was a temporary and necessary phase. We are looking forward with much pleasure to the extra space and scope that the new building should bring for many years to come, and our thanks are due to the administrative workers who made it all possible.

Summary of cases seen

	1971	1970
Number of children remaining under treatment .. ..	171	172
Number of treatments .. .. .	817	923
Number of diagnostic interviews .. ..	36	30
Number of new cases .. .. .	121	125

Number of cases referred back	..	..	..	..	21	19
Number discharged —satisfactory	..	..	..	..	128	157
Number admitted to—Westwood Manor	..	..	..	..	8	13
Pittsburgh House	..	..	..	..	1	3
Other special schools	..	..	..	..	6	3
Approved School	..	..	..	..	—	1
Number of children treated:—						
Already under treatment at January, 1971	..	..	..	..	172	
New cases	..	..	..	..	121	
Referred back	..	..	..	..	21	
					314	
Diagnostic interviews	..	..	..	..	36	
					350	

D. HUTCHINSON."

### EDUCATIONAL PSYCHOLOGISTS

The Educational Psychologists have submitted the following reports:—

"In addition to normal Child Guidance duties, the Educational Psychologists have the responsibility of supervising the remedial reading classes in the City schools, children who have tuition at home, visiting special schools on a regular basis and assisting in general scholastic evaluation procedures. A greater demand for psychological assessment has arisen through the expansion of the number of special units in our educational system. e.g., the unit for disturbed children in Abbey Hill School and the two schools for severely subnormal children. In addition, an increasing number of children are being referred for assessment by the Social Services Department, and this is expected to increase even further next year. Consequently, until further help is available, some aspects of the work have to be given less time than is really required. This year, much less time was spent in remedial reading classes, because it was felt that it could be left to the Head Teachers to refer those children in remedial groups who were failing to make adequate progress.

#### Reading Classes:

Throughout the whole of the City the total number of children in attendance in remedial reading classes at 31st December 1971 was 2,377, an increase of 231 on last year's figure, mainly due to increased provision for retarded youngsters at High School level. The total consists of 1,524 boys and 853 girls. These classes are conducted in 85 schools in the City, an increase of 5 schools on last year's figure. There were 994 new entrants to the classes during the year and 722 children were discharged, having made sufficient progress. During the past twelve months 329 children gained more than 2 years of reading age, 1,042 gained more than one year, 1,241 gained less than one year and 125 children were reported as having made little or no progress. Of the children in the last

two categories, many are awaiting admission to special schools, and some had spent only 3 months in the classes since September 1971. The classes cater for the essential needs of slow learning children in the schools, and the teachers involved are doing very valuable work in helping children to grasp the basic skills in the reading process. The co-operation of the teachers and their interest in less fortunate children is very much appreciated.

### **Mental Testing:**

The assessments/interviews listed below were undertaken mainly in City schools, and only rarely at Bedford House:—

120 children (were assessed and/or interviewed) at the request of the Psychiatrist.

41 children at the request of the Senior School Medical Officer.

222 children at the request of Head Teachers.

25 children at the request of other agencies.

15 children were assessed as a result of the 9+ Mental Survey in schools.

114 children under observation for some disability of mind were retested after the appropriate interval.

136 interviews were conducted either from the diagnostic or guidance viewpoints.

12 children were visited at home, either for assessment or in connection with behaviour difficulties.

18 children referred as making no progress in remedial reading classes were given lengthy diagnostic testings.

### **Special School Visits:**

Regular visits have been made to the Abbey Hill, Aynsley, Kemball, Heathfield, Cicely Haughton, Hanchurch and Horton Lodge Special Schools. In the course of these visits, 187 children were assessed/interviewed at the request of the Head Teachers.

### **Miscellaneous:**

Eight lectures on child psychology and related topics were given in various neighbouring colleges. A small number of children whose circumstances merited special consideration and investigation, were assessed individually at the request of the Assistant Education Officer. Reports, observations and investigations were carried out at the request of the Chief Education Officer and of the Senior School Medical Officer. Some help was given to the Assistant Education Officer with regard to suitable evaluation procedures in the middle schools.



The co-operation of the head teachers and their staff, when schools are visited, has been readily forthcoming, and is very much appreciated. But for this attitude, much of our work would be in vain.

J. YOUNG."

"During the year attention was chiefly focused on assessment and advisory spheres, the object being to help promote the personal, social and educational well-being of school children brought to notice by varied sources of referral.

The greater part of the time was taken up by the new cases referred on account of their behavioural and/or educational difficulties. The rest of the work was concerned with cases that required periodic reviewing. The table given below enumerates the sources of referral and gives a comparative analysis of the incidence of the various reasons of referral during the past two years. It will be noticed that by far the most frequent reason of referral is concern over educational performance.

The year's figures for children dealt with very closely correspond to those of the previous year, there being an increase of only 1.8% in the overall number of cases. In all 677 cases were seen as against 665 in 1970.

Roughly about 75% of the children referred for investigation were seen at their schools. The remainder were dealt with at Bedford House Clinic. Every child interviewed was subjected to the usual diagnostic routine which included the following:—

1. Educational and psychometric assessment through the application of standardized intelligence and achievement tests, to try to identify the nature and causes of the child's difficulties.
2. Discussion with the head teachers and parents concerning the child's disability and the appropriate treatment.
3. Consultation with other agencies that may contribute to the understanding of the child's problem.

Close co-operation and contact with the head teachers and their staffs was maintained through visits to their schools. This provided a valuable opportunity for consultations on matters relating to particular children. Where necessary, advice was also offered to teachers dealing with reading disability cases.

Further, adequate attention was given to parents whose children were found to have learning and behavioural problems. Special clinic sessions were, therefore, devoted to parent interviews. This proved to be of value in briefing parents on the emotional and educational problems of their children, and in giving them the help they needed in situations where moral support, understanding, guidance and reassurance were called for.

Finally, I would like to express my thanks to my colleagues in the Clinic and my appreciation of the help given me by them, as well as by the head teachers and staffs of the schools that were visited.

## SOURCES AND REASONS FOR REFERRAL

Sources of Referral	Number of Cases Referred		Reasons for Referral
	1970	1971	
Psychiatrist	100	41	Personal Problems
School Medical Officers	22	6	Educational and Personal Problems
Head Teachers	135	106	Learning Difficulties
7+ Mental Survey	—	127	Learning Difficulties
9+ Mental Survey	200	200	Learning Difficulties
Periodic Appraisal	193	191	Learning Difficulties
Other Agencies	5	6	Learning and Personal Problems
	665	677	

M. A. Y. ELDEIRY."

## PROVISION OF MEALS

The Manager of the School Meals Service has submitted the following report:—

"During the year the following Minor Capital Works Schemes were completed:—

- (i) Ball Green C. Middle School – extension to kitchen.
- (ii) St. Peter's C. of E. High School – extension to kitchen.
- (iii) Bucknall C. Infants' School – provision of washing-up facilities.

The kitchen extensions at Ball Green C. Middle School and St. Peter's C E. High School have overcome the serious over-loading which was experienced in those kitchens.

Minor Works projects at present in hand include:—

- (i) Cauldon C. Middle & Infants' School – provision of kitchen and dining accommodation.
- (ii) Penkhull C. Infants' School – provision of kitchen.
- (iii) Harpfield C. Middle & Infants' Schools – provision of kitchen/dining accommodation.
- (iv) Sneyd Green C. Middle & Infants' Schools – provision of kitchen/dining accommodation.
- (v) Fenton C. Middle & Infants' School – provision of kitchen.
- (vi) St. Paul's C.E. School – provision of scullery/dining accommodation.

The school meals facilities being provided at Cauldon C. Middle & Infants' School, Harpfield C. Middle & Infants' Schools and Penkhull C. Infants' School will enable school meals to be provided on these premises for the first time. The kitchen/dining rooms being provided at Sneyd Green C. Middle & Infants' Schools and Harpfield C. Middle & Infants' Schools and the scullery/dining unit being provided at St. Paul's C.E. School will end the present unsuitable arrangements at these schools.

During 1971, the price of the school meal was increased to 12p per dinner. This has inevitably led to some reduction in the number of pupils taking paid meals, particularly at the senior age level. However, because of the Authority's endeavour to provide the type of meals required by senior pupils, through increased portions and choice, the reduction in meals uptake by pupils in this age range has been less than has been experienced by many authorities.

The number of pupils in receipt of free meals has increased.

*Statistics:*

Demand for school meals	..	..	1964-65 – 55.7 % of number on roll				
			1965-66 – 59.8 %	..	..	..	..
			1966-67 – 61.7 %	..	..	..	..
			1967-68 – 64.2 %	..	..	..	..
			1968-69 – 65.8 %	..	..	..	..
			1969-70 – 67.3 %	..	..	..	..
			1970-71 – 67.4 %	..	..	..	..
	(estimated)	..	1971-72 – 61.4 %	..	..	..	..
Number of school kitchens	..	..	..	..	..	..	107
School departments receiving dinners	..	..	..	..	..	..	186
Average daily number of dinners	..	..	..	..	..	..	28,600
Total dinners during year	..	1964-65	..	..	..	..	4,493,678
		1965-66	..	..	..	..	4,843,587
		1966-67	..	..	..	..	5,041,863
		1967-68	..	..	..	..	5,321,850
		1968-69	..	..	..	..	5,645,008
		1969-70	..	..	..	..	5,765,000
		1970-71	..	..	..	..	5,770,000
	(estimated)	..	1971-72	..	..	..	5,427,000
Charge for dinners	..	..	..	..	..	..	12p
Number of children receiving free meals	..	..	..	..	..	..	6,600
Number of children taking school milk under Milk-in-Schools Scheme:							
			1964-65 – 36,288				(87.1 %)
			1965-66 – 36,800				(87.4 %)
			1966-67 – 37,438				(87.4 %)
			1967-68 – 38,800				(87.3 %)
			1968-69 – 25,000				(54.0 %)
			1969-70 – 27,350				(56.8 %)
			1970-71 – 26,948				(56.6 %)
	(Infants only)	..	1971-72 – 13,749				(31.5 %)
N.B. Milk for Middle School pupils ended on 31st July, 1971.							
Number of staff employed (including supervisory assistants)	..	..					1,790
Running expenditure (gross – i.e. not including income) including school milk	..	..	..	1964-65	..	£451,790	
				1965-66	..	£522,402	
				1966-67	..	£571,471	
				1967-68	..	£654,685	
				1968-69	..	£820,250	
				1969-70	..	£945,600	
				1970-71	..	£1,051,334	
				1971-72	..	£1,210,458	

E. S. LANGDON.”

## HANDICAPPED PUPILS.

The following are the numbers, for the year, of pupils provided with special educational treatment in the several categories:—

						<i>Number of Pupils</i>
(a)	(i) <b>Blind</b>					
	Boarding Special School	..	..	..	..	6
	(ii) <b>Partially Sighted</b>					
	Boarding Special School	..	..	..	..	6
(b)	(i) <b>Deaf</b>					
	Boarding Special School	..	..	..	..	4
	Day Special School	..	..	..	..	20
	(ii) <b>Partially Hearing</b>					
	Boarding Special School	..	..	..	..	—
	Day Special School	..	..	..	..	7
	Special Unit	..	..	..	..	9

### The North Staffordshire Deaf School.

The Headmaster reports:—

“There are now 32 Stoke-on-Trent children among the 113 at this school. Two new children joined us in 1971, one aged 14 transferred from Edinburgh when her parents came to live in the district, the other, aged 4, was admitted after two years of parent guidance with the peripatetic teacher of the deaf and a period in a normal nursery school.

Three children left school, one aged 16, but the other two went to a Partially Hearing Unit attached to the Hill Top School, Burslem, when a new class was opened for 8-10 year old children in September. These two children were considered to have sufficient hearing and speech for them to integrate successfully with normal hearing children at the school. With the establishment of this second class there is now provision at the unit for partially hearing children from 5 to the age of 10.

S. N. FOLLWELL.”

						<i>Number of Pupils</i>
(c) <b>Delicate</b>						
	Hanchurch Open Air School	..	..	..	..	65

The Matron reports:—

“36 children were admitted to the school during the year, and continued in residence for varying periods of time. The conditions from which they suffered on admission were:—

General Debility	..	..	15
Nervous Debility	..	..	7
Bronchitis	..	..	5
Asthma	..	..	3
Obesity	..	..	2
Arthritis	..	..	1
Bronchial Catarrh	..	..	1
Coeliac Disease	..	..	1
Post Operative Debility	..	..	1
			—
			36
			—



All the children showed considerable improvement in general health as a result of their stay.

Whenever possible during the summer months, meals and rest periods were taken out of doors, and several picnics were arranged in the surrounding countryside.

At various times throughout the year outings and parties were arranged for the children by local organisations, and these proved to be very enjoyable occasions. Members of these organisations joined residents of the village and surrounding farms on a visit to the school in December, to be entertained by the children at their Christmas concert.

W. L. PEARSON."

The Headmaster has submitted the following report:—

"The age range of the children this year has been from 3-12 years. The classes have continued to be small, enabling the children to have almost individual attention, and satisfactory progress has been maintained both socially and academically. We have continued to make full use of the local environment, visiting the nearby farms, Hanchurch Pools, Beech Caves and the M.6 motorway in connection with our studies.

Mr. J. Young, Educational Psychologist, Mr. G. S. Glidden, Physio-therapist and Miss E. L. Dron, Speech Therapist have visited regularly and continue to play an important part in the functioning of the school.

The football team has played several matches with other schools, and, while the standard of play was never very high, the matches were thoroughly enjoyed by players and supporters alike.

Swimming progress has been maintained, with particular success obtained during the block swimming lessons in the summer. The children worked for awards of The Swimming Teachers Association and the National School of Swimming, and they gained distance awards for:—25, 100, 200, 400 and 800 metres. We are indebted to Mrs. M. Clark and the staff of Stoke Baths for their help and support.

In July Mrs. P. Cartwright left the school to live in Ireland, and we were pleased to welcome Mrs. A. Leech in September.

Open afternoons have been well attended each term enabling the school staff to maintain close links with the parents, who have also visited the school individually.

We were fortunate to be able to hold our summer concert of songs and dances in the grounds of the school, before invited audiences.

In December the children gave several performances of the operetta "Dame Durden's School". Our thanks go to Mr. A. J. Paynes, Music Organiser, for his help and continued provision of musical instruments for the school.

P. MASSEY."

(d) (i) Educationally Sub-normal							<i>Number of Pupils</i>
Aynsley School	..	..	..	..	..	..	142
Abbey Hill School	..	..	..	..	..	..	172
Boarding Special Schools	..	..	..	..	..	..	10
Day Special Schools	..	..	..	..	..	..	4

AUTISTIC UNIT - ABBEY HILL SCHOOL.





## **Aynsley School**

The Headmaster has submitted the following report:—

“During the year the ‘integrated day’ was introduced into the School and is at present operating in the three lower classes. The majority of the children involved have shown a quickening in their educational progress. At the same time an encouraging improvement in personal and social development has been noticeable.

Parents became more involved in the life of the school and many responded to invitations to visit during the day or on special evenings.

Frequent visits into the Countryside and City were made by classes, using the School mini-bus. It has been possible to relate their education to that which was seen, understood and enjoyed.

A memorable visit was made to the Town Hall, Stoke, where the Lord Mayor, Councillor Arthur Cholerton, talked to the children about his work and took them on a tour of the Civic Chambers.

The school was happy to return his hospitality when the Lord Mayor, accompanied by the Lady Mayoress and Councillor Mrs. D. Robinson, Chairman of the Education Committee, spent a day visiting the classes and talking with children and staff.

Two Youth Hostelling tours of the Peak District were carried out by thirty children and five teachers. Children also took part in courses at Wedgwood Memorial College and Stanley Head Outdoor Pursuits Centre.

Sandon High School continued to provide facilities for weekly swimming sessions. Twenty-seven boys and girls gained awards, varying from Length Certificates to A.S.A. Personal Survival Awards.

The school was helped by regular visits from Mr. J. Young, Educational Psychologist, Mrs. S. A. Forrester, Speech Therapist, Mrs. M. Glynn, Physiotherapist, Mrs. D. M. Holmes, Health Visitor, Mrs. M. Jackson, Nurse/Lecturer and Mr. O. R. Johnstone, Careers Officer.

H. COOKE.”

## **Abbey Hill School.**

The Headmaster has submitted the following report:—

“During the year the number on roll varied between 160 and 172. New admissions during the year totalled 31, and 4 children were de-ascertained. The children who left at statutory age were satisfactorily placed in employment, with the co-operation of the Careers Advisory Service.

Progress at all levels in the basic academic subjects has been maintained, as also in craft, handwork and allied subjects.

Our swimming remains at a high standard and now all the children and staff from the unit for Autistic children attend the swimming bath once a week.

The Child Care course has continued under the able direction of Nurse Sparrow, and close contact has been maintained with the Abbey Hulton Health Centre where the Staff have always been most helpful.



Mr. Young, Educational Psychologist, also visited regularly during the year and continued to play an important part in the functioning of the school.

The special unit for autistic children, mentioned in last year's report, was opened in March and is now working to full capacity.

During the year Nurse Johnson, colleagues and members of staff organized a Spring Fayre which was held at the school. This proved to be an overwhelming success and the proceeds started the Mini-bus Fund. Later in the year the children of the City, through the good offices of the Schools Swimming Section, organized a mini-swim which resulted in the presentation by the Chairman of the Education Committee, Councillor Mrs. D. Robinson, of a Mini-bus to the school in September, 1971. Our very grateful thanks go to all concerned.

During June and August, Holyrood was again used to great advantage, to give some 70 children a holiday by the sea and, in December, we had our usual Christmas parties, film shows and concerts at the school.

In conclusion, I would again like to thank the Staff of Abbey Hill School for their untiring efforts on behalf of the children, and members of the Education Department for their continued support.

W. G. H. LOVATT.

(ii) Severely Sub-normal

							<i>Number of Pupils</i>
Heathfield School	..	..	..	..	..	..	80
Kemball School	..	..	..	..	..	..	61
Other Special Schools	..	..	..	..	..	..	23

### Kemball and Heathfield Schools

As a result of the transfer of responsibility for the education of mentally handicapped children from the Health Authority to the Local Education Authority, the two junior training centres in the City became special schools on the 1st April. The older of the two, in Duke Street, Fenton, was re-named Kemball School, while the Northern Centre at Chell Heath became Heathfield School. Both will continue to serve their former catchment areas, Kemball being responsible for children living in the southern area of the City, while Heathfield serves the northern end.

The first few months after transfer were devoted to observation and an attempt to assess the needs of the two schools in terms of increased staff and accommodation, in order to bring them into line with the Authority's other special schools. It soon became apparent that considerable extra help was needed in the classroom if the teachers' time and skills were to be used to the best advantage, and the establishment of nursery assistants at both schools has been substantially increased to meet this need.

Much of the accommodation at Kemball School is old and sub-standard, and it was felt that this should receive urgent attention. Proposals to improve the accommodation were drawn up immediately following takeover and plans are now with the the Department of Education and Science. It is hoped to replace the original building, a war-time day nursery, with new accommodation comprising a nursery and a special care unit, each catering for up to 15 pupils, together with two additional classrooms. This will enable the school, as a whole, to cater for a maximum of 90 pupils.

The position at Heathfield is much more satisfactory, as the school consists of purpose built accommodation and was only opened in 1965. Even so, more space is needed if the best use is to be made of existing provision and, with an eye to future expansion, plans have already been drawn up to provide increased facilities in the fairly near future.

	<i>Number of Pupils</i>
(e) <b>Epileptic</b>	
Boarding Special Schools .. .. .	6
(f) <b>Maladjusted</b>	
Cicely Haughton Boarding School .. .. .	41
Pittsburgh House Boarding Home.. .. .	7
Other Boarding Special Schools .. .. .	12

### **Cicely Haughton Boarding School for Boys**

The Headmaster has submitted the following report for the year under review:—

“The trend of reasons for referral given in the Reports of 1969 and 1970 are again confirmed.

During 1971, 55 boys were resident at some time in this school. In many cases several reasons are given for referral and analysis shows the following position for these 55 boys:

Beyond control .. .. .	42
Backwardness not accounted for by dullness.. .. .	40
Aggressiveness .. .. .	32
Excretion disorder .. .. .	22
Temper outbursts .. .. .	18
Stealing .. .. .	17
Destructiveness .. .. .	17
Movement disorder .. .. .	10
Demands for attention .. .. .	10
Inability to concentrate .. .. .	10
Excitability .. .. .	9
Jealous behaviour.. .. .	9
Truancy .. .. .	9
Unusual response to school discipline .. .. .	8
Lying .. .. .	7
Speech disorder .. .. .	6
Sex problems .. .. .	5
Unreasonable fears .. .. .	4
Violence .. .. .	4
Withdrawal .. .. .	3
Sleep disorder .. .. .	3
Feeding disorder .. .. .	3
Hysterical fits .. .. .	2
Bizarre symptoms.. .. .	2
Nervous pains .. .. .	2
Depression.. .. .	1
Apathy .. .. .	1
Obsessions .. .. .	1
Physical symptoms .. .. .	1
Epilepsy .. .. .	1
Infantile behaviour .. .. .	1

During the year 15 boys were discharged as follows:—

To normal school .. .. .	11
Withdrawn .. .. .	1
To senior school for maladjusted pupils .. .. .	1
To industry .. .. .	1
To Royal Navy .. .. .	1

12 boys were admitted during this period for the following reasons:—

Beyond control .. .. .	11
Backwardness not accounted for by dullness .. .. .	10
Aggressiveness .. .. .	9
Stealing .. .. .	6
Unusual response to school discipline .. .. .	6
Inability to concentrate .. .. .	5
Excretion disorder .. .. .	4
Excitability .. .. .	3
Jealous behaviour .. .. .	3
Destructiveness .. .. .	3
Violence .. .. .	3
Unreasonable fears .. .. .	2
Speech disorders .. .. .	2
Movement disorders .. .. .	2
Demands for attention .. .. .	2
Lying .. .. .	2
Truancy .. .. .	2
Temper outbursts .. .. .	2
Apathy .. .. .	1
Hysterical fits .. .. .	1
Feeding disorder .. .. .	1
Nervous pains .. .. .	1
Sex problems .. .. .	1
Infantile behaviour .. .. .	1

It has been previously reported that a system of selection was necessary to control the admission of suitable cases to this school. This system has now become far less effective because most boys are referred for the same reasons. The school is now mainly catering for children whom ordinary schools are unable to control and the requests for such admissions are more than the places available. The increase in aggressive boys is very marked, and one presumes that this symptom is the primary reason why day schools are unable to contain these cases. The boys with nervous disorders, who at one time constituted more than one third of the school population, are no longer being referred and it seems unlikely that these have disappeared from society but that they are now sacrificed in favour of those whose problems are more overt and disturbing in the day school situation. It is unfortunate that such a position should have arisen, as it must affect the running of the school, and also many of the nervous cases not receiving attention are likely to become problems in later years.

Again, we have been fortunate in maintaining a full professional and domestic staff and their expertise and devotion to duty deserves the highest praise.

A. H. WOLVERSON."

(g) **Physically handicapped**

	<i>Number of Pupils</i>
Horton Lodge School .. .. .	49
Other Boarding Special Schools .. .. .	14
Other Day Special Schools .. .. .	10

The Head Teacher reports:—

“During the year 11 children were admitted and 56 physically handicapped and 2 delicate children were in school for varying periods of time. The age range of the children was 3-13 years. 12 children were discharged:—4 to senior schools for physically handicapped, 3 to middle schools, 2 to schools for educationally subnormal, 2 to schools for severely subnormal and 1 to high school.

The children suffered from the following conditions:—

Cerebral Palsy .. .. .	31
Spina Bifida .. .. .	10
Muscular Dystrophy .. .. .	5
Osteogenesis Imperfecta .. .. .	4
Congenital Abnormalities .. .. .	3
Asthma .. .. .	2
Congenital Heart Disease .. .. .	1
Cystic Fibrosis .. .. .	1
Neurological Disorder .. .. .	1

The health of the children was generally good. There were regular visits to clinics, including paediatrics, dental, audiology, orthoptic and chiropody. There were also regular inspections in school. Our thanks go to all the specialists who visited and to others of the medical profession who gave help and advice.

Mr. Young paid regular visits throughout the year to test the children.

Several children were admitted to Biddulph Grange Hospital during the year and our thanks are extended to the staff there for their co-operation.

During the course of the year the following staff left: Mrs. Bailey, Miss Mansell, Miss Edwards, Miss I. Turner, Miss J. Heath, Mrs. Wood and Miss Harrison. We were please to welcome the following new members to the staff: Nurse Mountford, Mrs. Ward, Miss Brennan, Miss Morris, Miss Parsons, Miss Bagguley, Mrs. Williams, Mrs. Slack and Miss Kent.

School activities were as full as ever. Visits were arranged to the Victoria Theatre, Twycross Zoo, Gayday Mineral Company, Buxton Puppet Theatre, Tissington Wells, Jodrell Bank Telescope, Burslem Fire Station and Stafford Station. The children were taken to see the Pantomime ‘Jack and the Beanstalk’ in Leek and also for a day’s outing to Ffrith Beach, for which we thank the Handicapped Children’s Outing Association.

Swimming is as popular as ever. The children obtained many certificates and now over 30 of the children can swim at least 25 yards unaided. Our Swimming Gala in the Summer Term was a great success, 80 parents and friends attending.

Riding lessons continued at Endon Riding School twice a week, and twelve children benefited from these. Our thanks go to Miss Jackson and her staff for their help and co-operation. All the children who received riding lessons took part in the Riding School Open Day in the summer.



The Cub Pack continued to enjoy their weekly night with the 1st Leek Cubs, and also the Camp Fire at the School.

The Llandudno holiday was again a great success, 23 of the children being taken for nine days. The weather was good and everyone had an enjoyable time.

Contact with parents was maintained at all times. Two Parents' Evenings were held and parents have visited the school individually.

The children performed a Summer Pageant on a Friday evening in July. Approximately 200 people came and the Outdoor setting proved to be ideal – once again the weather was kind!

The year ended with the usual Christmas Carol Service, Dinner, Party and visit from Santa Claus. The Salvation Army Band again visited and played carols, this event being thoroughly enjoyed by the children. The children gave three performances of a Christmas Nativity to approximately 300 people – parents and friends, invited guests and children from Horton Primary School. In turn we were invited to the latter's Christmas Play.

Mr. Tew has shown films to the children once a fortnight on winter evenings, for which we thank him.

In conclusion, I should like to thank the staff of the school and the members of the Education Department and Committee for their interest, co-operation and hard work.

R. M. ORME."

### **Pittsburgh House Boarding Home**

After temporary closure due to shortage of staff, the Hostel re-opened in the Summer and is now functioning normally again.

The Matron reports:—

"Pittsburgh House re-opened on the 1st June, 1971. The girls and staff quickly settled down, and the former were helpful in welcoming the new admissions on their arrival in September, bringing the numbers up to twelve.

The general health of all the girls has been good and satisfactory reports have been received from the schools they attended.

Sewing and Craft lessons were resumed with Miss Matthews on Thursday evenings and, during the Autumn Term, Miss Poynton kindly gave dancing lessons on Monday evenings, which we all enjoyed. The two Housemothers are both interested in 'Keep Fit' activities and are giving the girls the benefit of their knowledge on Tuesday and Friday evenings.

The girls go to Lightwood Road Methodist Sunday School and at the end of the year each received an attendance prize of a book, which gave great pleasure.

We are most grateful to the teaching staff of Sandon High School for their help and kindness in organising games and other activities at our Christmas Party, which was enjoyed by all present.

M. McNEILL."

## **Convalescent Treatment**

### **Holyrood Convalescent Home**

The Matron reports:—

“During the year 114 children – 63 girls and 51 boys – age range 4-15 years were admitted to the Holyrood Convalescent Home. Most of the children settled quite happily, gained in weight and improved in health.

Excursions and picnics were arranged to places of local interest and were enjoyed by both children and staff.

Dr. Jeffrey continues to give generously of his time and attention to the children.

Fire drill was carried out with most new parties by the Llandudno Fire Brigade and talks on Fire Prevention given by the Chief Station Officer. One group paid a visit to the Fire Station.

The Chamber of Trade arranged for Father Christmas to call during our Christmas Party and each child received a gift from ‘The Town’.

D. M. LOWRY.”

### **Rhyl Children’s Convalescent and Holiday Home**

During the year, 575 children have been admitted to this Convalescent and Holiday Home, which is administered by a Voluntary Committee. This represents an increase of 138 on last year’s figure and was made possible by the extended season, which enabled parties of children to be accommodated at the Home from February until mid-December.

The Home continues to be popular with children and their parents, and is of great benefit to pupils requiring a short period of convalescence or a holiday. In a few cases the length of stay was extended beyond the customary two weeks, where the child’s condition or difficult family circumstances made this desirable.

## **NURSERY SCHOOLS AND CLASSES**

The Adviser for Infant and Nursery Schools reports as follows:—

“The Department of Education and Science has approved, in Phase III of the Urban Aid Programme, a nursery unit for thirty-four children in part of the premises of the former Shelton C. Girls’ Secondary School. A start on the project will be made in the Spring of 1972.

Owing to the imminent closure of Cliffe Vale C. Infants’ School, which is scheduled for demolition, the nursery class has been transferred to Park Hall C. Middle and Infants’ School, Weston Coyney.

34 Students successfully completed the Nursery Nurses’ Examination Board Certificate Course at The Elms Technical College.

Preparations are well in hand for providing a special unit for assessment of handicapped children of mainly pre-school age. The unit will accommodate between six and eight children.

The close contact of the School Health Section with the Nursery Schools and Classes has been maintained and is greatly appreciated by nursery staff.

G. STUBBS.”

## HOME ECONOMICS

The Organiser of Home Economics reports as follows:—

“Further emphasis was given during 1971 to the aspects of home economics which could be introduced in the middle schools by teachers of general subjects. At a meeting held in February, Mrs. Tutty and Mr. MacDonald, two Heads of Department from Ball Green High School, spoke on the commercial aspects of home economics and gave practical demonstrations for the close link between home economics, mathematics, and commerce. Two evening courses were held in the Summer Term, one at the Elms Technical College when the series ‘Science in the Home’, dealt mainly with food testing, clean food practice, bacteriological food spoilage, and storage, and the other at St. Peter’s High School for needlecraft teachers in middle schools, when the practical work and discussions centred mainly on the eleven to twelve year age group.

An evening meeting was held in November at the Sixth-Form College, when four high school teachers from the City reported on vacation courses which they had attended.

Since September, several home economics teachers have been representing their schools in the working groups which are planning courses in preparation for raising of the school-leaving age. It is hoped that during this additional year as at other stages in the school curriculum, boys will also be included in the ‘Design for Living’ courses. Another development in the future which is being considered is home economics with a bias towards social training and simple cookery for the mentally handicapped children at Kemball and Heathfield Schools.

In all these projects the Organiser and teachers have appreciated the support and encouragement given to them by the School Health Service.

M. F. SIEBOLD.”

## MISCELLANEOUS

### Boarded-Out children

Medical examinations of children boarded out by the Social Services Department have been continued throughout the year and suggestions regarding treatment have been carried out. On the whole the health of the children was satisfactory and they appeared well cared for and happy.

### Court Reports

Medical reports have been presented on 500 children who have appeared before the Juvenile Courts during the year.

### Employment of Children and Young Persons

Details of Certificates granted were as follows:—

					<i>Boys</i>	<i>Girls</i>
Newspaper delivery	..	..	..		306	33
Errands ..	..	..	..		66	30
Milk delivery	..	..	..		27	3
Stage Licences	..	..	..		2	12
					<hr/> 401	<hr/> 78
					<hr/>	<hr/>

Boys were medically examined before taking part in boxing matches and all children before attending residential courses and camps.

### **Staff Activities**

Lectures on a variety of health topics, including First Aid, Home Nursing, Child Care and Hygiene were given in primary and secondary schools throughout the City.

During the year members of staff attended a variety of courses and conferences.

Education Offices,  
Town Hall,  
Hanley,  
Stoke-on-Trent.



TREATMENT SESSIONS AT SCHOOL CLINICS

	SCHOOL CLINIC	General Conditions	Minor Ailments	Skin Conditions	Ophthalmic	Aural	Dental	Im'isation	Orthopaedic	Ultra Violet Light	Short Wave	Speech	Chiropody	Child Guidance	Audiology	Orthoptic
1	Fegg Hayes Health Centre ..	×	×	×		×	×	×	×	×		/				
2	Goldenhill School Clinic ..	×	×	×		×		×	×							
3	Tunstall School Clinic ..	×	×	×	×	×	×	×	×			×				
4	Lucie Wedgwood Joint Clinic, Burslem .. ..	×	×	×	×	×	×	×	×	×	×	×				
5	Smallthorne Health Centre ..	×	×	×	×	×	×	×	×	×		×				
6	Hanley School Clinic ..	×	×	×	×	×	×	×	×	×						×
7	Abbey Hulton Health Centre ..	×	×	×	×	×	×	×	×	×		×	×			
8	Bentilee Health Centre ..	×	×	×		×	×	×	×	×		×				
9	Bedford House, Shelton ..	×	×	×	×	×		×	×	×		×	×	×	×	
10	Stoke School Clinic, Epworth Street .. ..	×	×	×	×	×		×	×	×		×				
11	Blurton Health Centre ..	×	×	×	×	×	×	×	×	×		×				
12	Longton Health Centre ..	×	×	×	×	×	×	×	×	×		×	×			×
13	Meir Health Centre ..	×	×	×	×	×	×	×	×	×		×	×			
14	Brindley Ford C. Middle and Infants' School ..		×													
15	Burnwood C. Infants' School ..											×				

TREATMENT SESSIONS AT SCHOOL CLINICS (continued)

	SCHOOL CLINIC	General Conditions	Minor Ailments	Skin Conditions	Ophthalmic	Aural	Dental	Im'isation	Orthopaedic	Ultra Violet Light	Short Wave	Speech	Chiroprody	Child Guidance	Audiology	Orthoptic
16	Tunstall Health Centre ..	..					×									
17	Ball Green High School ..	..							×							
18	Ball Green C. Infants' School ..	..										×				
19	Townsend C. Infants' School ..	..										×				
20	Stoke Dental Clinic, Glebe Street						×									
21	Fenton M. & C.W. Clinic ..	..							×							
22	Blurton C. Infants' School ..	..										×				
23	Pinewood C. Middle and Infants' School .. ..	.. ..							×							
24	Cicely Haughton Boarding School .. ..	.. ..							×							
25	Hanchurch Open Air School ..	..							×			×				
26	Horton Lodge School ..	..							×			×				
27	Heathfield School ..	..							×			×				
28	Kemball School ..	..							×			×				
29	Abbey Hill School ..	..							×			×				
30	Aynsley School ....	.. ..							×							

DEPARTMENT OF EDUCATION AND SCIENCE  
MEDICAL INSPECTION AND TREATMENT RETURNS  
Year ended 31st December 1971

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY  
AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (by year of birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical inspection	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatis- factory		for defective vision (excluding squint	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 and later ..	5,320	5,315	5	—	7	170	177
1966 .. ..	2,700	2,696	4	—	12	195	207
1965 .. ..	1,430	1,429	1	—	10	108	115
1964 .. ..	123	123	—	—	1	7	8
1963 .. ..	95	93	2	—	—	2	2
1962 .. ..	36	36	—	—	—	3	3
1961 .. ..	2,617	2,616	1	—	33	164	192
1960 .. ..	1,581	1,575	6	—	20	111	128
1959 .. ..	72	72	—	—	1	5	6
1958 .. ..	19	19	—	—	2	—	2
1957 .. ..	2,028	2,026	2	—	24	122	145
1956 and earlier ..	2,287	2,286	1	—	34	107	137
TOTAL .. ..	18,308	18,286	22	—	144	994	1,122

Col. (3) total as a  
percentage of Col (2)  
total .. ..

99.88 %

Col. (4) total as a  
percentage of Col. (2)  
total .. ..

0.12 %

Number of pupils on registers of maintained primary, secondary, special and  
nursery schools in January, 1972 .. .. 43,451

TABLE B – OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	287
Number of Re-inspections	..	..	..	..	..	1,481
						<hr/>
Total	..	..	..	..	..	1,768
						<hr/>

TABLE C – INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	..	..	103,335
(b) Total number of individual pupils found to be infested	..	..	..	..	..	..	629
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	..	..	..	..	..	..	6
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	..	..	..	..	..	..	—



**PART II – DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL  
INSPECTIONS DURING THE YEAR**

CODE No. (1)	DEFECT OR DISEASE (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			Entrants	Leavers	Others	Total	
4	Skin .. .. .	T	35	38	76	149	23
		O	57	24	44	125	2
5	Eyes – (a) Vision .. .. .	T	30	24	90	144	5
		O	21	11	87	119	—
	(b) Squint .. .. .	T	92	1	14	107	3
		O	77	1	14	92	—
	(c) Other .. .. .	T	17	7	12	36	4
		O	14	1	4	19	—
6	Ears – (a) Hearing .. .. .	T	31	6	37	74	5
		O	42	4	23	69	1
	(b) Otitis Media .. .. .	T	30	6	21	57	3
		O	76	5	21	102	—
	(c) Other .. .. .	T	6	3	6	15	3
		O	6	1	2	9	—
7	Nose and Throat .. .. .	T	35	5	16	56	7
		O	191	10	38	239	6
8	Speech .. .. .	T	60	3	10	73	21
		O	126	—	6	132	3
9	Lymphatic Glands .. .. .	T	3	1	1	5	1
		O	37	—	11	48	2
10	Heart .. .. .	T	6	—	7	13	—
		O	75	6	30	111	—
11	Lungs .. .. .	T	39	4	20	63	4
		O	64	6	30	100	1
12	Development – (a) Hernia .. .. .	T	2	—	2	4	—
		O	35	3	13	51	—
	(b) Other .. .. .	T	14	10	24	48	1
		O	126	18	146	290	1
13	Orthopaedic – (a) Posture .. .. .	T	4	6	33	43	3
		O	19	3	22	44	—
	(b) Feet .. .. .	T	78	19	51	148	1
		O	150	9	46	205	1
	(c) Other .. .. .	T	37	12	33	82	5
		O	117	16	36	169	2
14	Nervous System – (a) Epilepsy .. .. .	T	3	1	4	8	—
		O	7	1	9	17	—
	(b) Other .. .. .	T	1	1	4	6	3
		O	13	—	11	24	1
15	Psychological – (a) Development .. .. .	T	2	—	2	4	1
		O	18	1	7	26	3
	(b) Stability .. .. .	T	30	1	28	59	1
		O	51	7	21	79	1
16	Abdomen .. .. .	T	2	1	4	7	4
		O	11	5	10	26	1
17	Other .. .. .	T	15	2	19	36	30
		O	47	8	35	90	9

PART III – TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. .. .	520
Errors of refraction (including squint) .. .. .	2,160
Total .. .. .	2,680
Number of pupils for whom spectacles were prescribed ..	1,054

TABLE B – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear .. .. .	27
(b) for adenoids and chronic tonsillitis .. .. .	362
(c) for other nose and throat conditions .. .. .	30
Received other forms of treatment .. .. .	1,144
Total .. .. .	1,563
Total number of pupils in school who are known to have been provided with hearing aids:	
(a) in 1971 .. .. .	2
(b) in previous years .. .. .	91

TABLE C – ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments ..	1,266
(b) Pupils treated at school for postural defects .. .. .	197
Total .. .. .	1,463

TABLE D – DISEASES OF THE SKIN  
(excluding uncleanness, for which see TABLE C of Part I)

	<i>Number of pupils known to have been treated</i>
Ringworm – (a) Scalp .. .. .	—
(b) Body .. .. .	21
Scabies .. .. .	182
Impetigo .. .. .	232
Other skin diseases .. .. .	1,108
Total .. .. .	1,543

TABLE E – CHILD GUIDANCE TREATMENT

					<i>Number known to have been treated</i>
Pupils treated at Child Guidance Clinics	..	..	..	..	350

TABLE F – SPEECH THERAPY

					<i>Number known to have been treated</i>
Pupils treated by Speech Therapists	..	..	..	..	605

TABLE G – OTHER TREATMENT GIVEN

						<i>Number known to have been treated</i>
(a) Pupils with minor ailments	..	..	..	..	..	3,380
(b) Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	..	689
(c) Pupils who received B.C.G. Vaccination	..	..	..	..	..	2,575
(d) Others:						
1. Ultra Violet Light	..	..	..	..	..	282
2. Short Wave Therapy	..	..	..	..	..	20
3. Diphtheria Immunisation	..	..	..	..	..	4,521
4. Poliomyelitis Vaccination	..	..	..	..	..	4,464
5. Chiropody	..	..	..	..	..	2,202
6. Other	..	..	..	..	..	1,729
Total	..	..	..	..	..	19,862

## SCHOOL DENTAL SERVICE

ATTENDANCES AND TREATMENT	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	TOTAL
First visit .. .. .	4,012	5,226	771	10,009
Subsequent visits .. .. .	6,113	10,462	1,721	18,296
Total visits .. .. .	10,125	15,688	2,492	28,305
Additional courses of treatment commenced .. .. .	293	236	40	569
Fillings in permanent teeth .. .. .	3,997	14,259	2,940	21,196
Fillings in deciduous teeth .. .. .	3,513	432	—	3,945
Permanent teeth filled .. .. .	3,536	12,438	2,527	18,501
Deciduous teeth filled .. .. .	3,350	430	—	3,780
Permanent teeth extracted .. .. .	471	2,691	505	3,667
Deciduous teeth extracted .. .. .	5,577	2,324	—	7,901
General anaesthetics .. .. .	1,295	928	111	2,334
Emergencies .. .. .	2,026	1,398	149	3,573
Number of Pupils X-rayed .. .. .				950
Prophylaxis .. .. .				2,502
Teeth otherwise conserved .. .. .				1,945
Number of teeth root-filled .. .. .				71
Inlays .. .. .				20
Crowns .. .. .				62
Courses of treatment completed .. .. .				9,232

## ORTHODONTICS

Cases remaining from previous year ..	—
New cases commenced during year ..	97
Cases completed during year .. ..	81
Cases discontinued during year .. ..	5
Number of removable appliances fitted ..	167
Number of fixed appliances fitted ..	13
Pupils referred to Hospital Consultant ..	33



**PROSTHETICS**

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	TOTAL
Pupils supplied with F.U. or F.L. (first time) .. .. .	—	1	1	1
Pupils supplied with other dentures (first time) .. .. .	3	56	18	77
Number of dentures supplied ..	3	60	21	84

**ANAESTHETICS**

General Anaesthetics administered by Dental Officers .. .. .	0
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**INSPECTIONS**

(a) First inspection at school. Number of Pupils .. .. .	9,227
(b) First inspection at clinic. Number of Pupils .. .. .	8,833
Number of (a)+(b) found to require treatment .. .. .	14,323
Number of (a)+(b) offered treatment .. .. .	14,139
(c) Pupils re-inspected at school clinic .. .. .	1,141
Number of (c) found to require treatment .. .. .	885

**SESSIONS**

Sessions devoted to treatment .. .. .	3,809
Sessions devoted to inspection .. .. .	80
Sessions devoted to Dental Health Education .. .. .	38





